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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

[For the Medical and Surgical Reporter.]

ROUGH NOTES

Of an Army Surgeon's experience during the Great Rebellion.

By J. Theodore Calhoun,

Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 6.

THE SIEGE OF YORKTOWN.

The majority of regiments composing the Army of the Potomac commenced their first experiences of actual warfare with the siege of Yorktown. Many of them were taken from the warm barracks or Sibley tents they had occupied during the winter, and placed upon the level peninsula, unprotected from the still cold wind, except by their little shelter tents, the use of which being new to them, they were not able at first to make themselves nearly as comfortable as they did after a little experience.

The ground was low, flat, marshy, abounding in quick sands and holding water like a sponge. The drinking water was brackish and scanty. The men were compelled to go immediately to work making corduroy roads, building wharves and bridges and digging trenches.

Digging is hard work. It was for our men, many of whom were fresh from the counting-house, or school-room, and had never done a hard day's work in their lives. It was not at all to be wondered at that many were taken sick, and the surgeons had their hands full.

My own regiment was for the first week or two a notable exception. The men were transferred from their bush picket huts on the banks of the Potomac to the shelter tent, and their health was materially improved. On several different occasions not a case was presented at "sick call." But this did not long continue. Over work and picket duty soon gave us our share of sickness.

Trenches are a necessary accompaniment of every siege, and the long lines before Yorktown will remain for many generations a monument to the engineering skill of their designer, and to the industry of the Union army. Trench duties are harassing. The men have to work hard, and are frequently exposed to the fire of the enemy. A great deal of the trenching is done at night, and the fatigue parties are therefore deprived of their natural rest.

Some of the medical officers of the regiment are supposed to accompany their regiments on picket. I well remember the nights I spent in the trenches, and a description of one of those nights may be of interest.

The regiment was on duty in a parallel between batteries Nos. 2 and 3. In front of the parallel was a deep ravine occupied by our pickets. The night was pitchy dark, and a light drizzling rain was falling, rendering the clay of the bottom of the trench decidedly adhesive.

Shivering in the cold rain, with our gum blankets thrown around us, we leaned against the muddy side of the trenches and waited for something to turn up. It came shortly after midnight. A few shots from the pickets on both sides—the hurried but silent call to arms, and in a few moments in came the pickets, reporting the enemy advancing in force, accompanied by field artillery. Again a silence of breathless anxiety for a few moments. Suddenly the flash of a gun lights up the sky, and its sullen boom echoes through the woods, and its shell comes shrieking, hissing over our heads—a train of sparks from its burning fuze marking its course—and plunging into the ravine in our rear, it explodes with a "whang," followed by the crash of the branches of trees as the broken fragments of shell fly in every direction, and by the involuntary ducking of heads of every one in the trenches.

This was the commencement, and soon a storm of shells rained over us—shell following shell in quick succession—affording a magnificent pyrotechnic display, and making the hills and valleys

to echo and re-echo the hellish screams of the develish enginery of modern warfare.

But "no one was hurt." The people of the North have been loth to believe that no one was killed by the immense numbers of shell thrown by Fort Sumter at the the rebel batteries, yet one who has seen what a small number of shell wounds are found in proportion to the number of those missiles thrown, can easily believe that a force protected by scientifically constructed earth works, could escape without loss even during a heavy bombardment. The bombardment of Forts Phillip and Jackson, defending the City of New Orleans, and of Galveston, Texas, and Vicksburg, Mississippi, are instances exemplifying the comparative trifling loss of life during heavy bombardments.

Artillery in the field has, of course, a better play than when the contending forces are sheltered behind fortifications. Yet it is the experience of most army surgeons that musket and rifle ball wounds out-number largely the wounds from cannon ball and shell. Even on the fields of Malvern and the second Bull Run, when the contending parties were lavish in the use of their immense number of batteries of improved artillery, and where the armies were massed in large bodies, the per centage of shell wounds was very small to what would have been supposed.

Yet no one doubts the great use of artillery in warfare. Independent of its destructive missiles and their effect, it does a great work. *It scares men.* The great Napoleon is said to have observed that "the winning of battles depended not on the number killed, but on the number frightened." There is more in this than would generally be believed. Once get a body of men panic-stricken and they are whipped.

That the shriek of a rifled shell is calculated to frighten any timid mortal any one who has heard it can aver. The scream of the large shall —the one and two hundred pounders—more especially, is terrifying. I was told by a rebel officer, captured at the battle of Malvern (he was acaptain of cavalry, but a graduate of Jefferson College of your city,) that the firing from our gunboats did not kill so many, but the screaming of those immense Parrot shell or the terrible whizzing of the pieces of the shell as they were hurled in every direction by the explosion struck with terror the stoutest hearts.

Animals feel this terror. I remember that while on the lower Potomac, the enemy amused themselves by throwing shell across at us, from an eighty pound Parrott, and as they whizzed through the air, the dogs would crouch to the very ground in abject terror, uttering the most mournfully plaintive howl.

I have noticed, too, that horses naturally restive, on the battle-field are so terror stricken as to be docile as lambs. My own horse—a high-spirited, headstrong, thorough-bred—in ordinary times somewhat intractable, upon the battle-field yields himself entirely to my guidance, as if conscious that surrounded by terror he cannot help himself, and therefore he yields for the time to the superior wisdom of man. I have seen repeated instances of this.

Artillery practice at short range with grape, canister, shrapnel or spherical case is fearfully destructive, but in sieges, more especially when the siege does not last long enough to allow of getting accurate range with mortars, the loss of life is comparatively trifling.

[To be continued.]

A case of Child Birth through the Perineum. Operated on fifteen days after the Accident occurred—Result successful.

By P. Cassidy, M.D.

Of Lancaster City, Pa.

Rupture of the perineum, in child-birth, though an accident of rare occurrence, is a casuality familiar to every physician who has paid attention to obstetric reading, records and practice, and hence giving publicity to such a disaster incident to parturition can have but small claims on professional attention, but the present case has an anomalous peculiarity which I hope will be a sufficient apology for presenting it.

I received the following note on the day of its date, from a medical practitioner of the county:

B——town, Oct. 28th, 1862.

Doct. P. Cassidy,

Dear Sir:—Having a patient, M. B——, of our township, who was confined in a first labor ten days ago, and who unfortunately is laboring under one of the most severe and extensive lacerations of the perineum that has ever come under my notice during a practice of some thirty-four years; she has, by my persuasion, consented to have a consultation in her case. I proposed your name, to which she very readily agreed, and requested me to notify you. Please state to the bearer what day and hour it would suit you best. Call at my residence in B——town, as it is the nearest and

best road to the patient's residence; bring the necessary instruments with you, as the rent will require sutures. It would be a useless expenditure of words to enter into all the details connected with this case; that I will reserve until I meet you personally.

Believe me, dear sir, yours truly,

C. G——, SR.

I give this letter in full, all but the names and precise locality, to show the age and experience of the physician in whose hands the accident occurred. November 2d, four days after the receipt of this note, I visited the patient with Dr. G., the attending physician. I was informed that all lochial discharge had ceased some days past. I found her under no excitement, apparently perfectly well, only in bed, but cheerful.

On making an examination of the parts, there was found a rent in the perineum, commencing about half an inch below and behind the fourchette, and extending down to the anterior margin of the anus, through which the child had been born, leaving the lower commissure of the labia, or fourchette and rectum uninjured. Dr. G. said when he first called to see the patient he found her sitting on the chamber on the floor with very severe labor pain; she was immediately put in bed, and on making an examination he found the occiput presenting and protruding through the vulva, the opening not more than two inches in diameter, the surrounding vulva drawn tight as a chord, and seemed to be pressed into the scalp. While deliberating on some obstetric resource to enable him to prevent the impending and anticipated danger, another violent expulsatory contraction of the uterus came on when the perineum gave way, and the child was "forcibly thrust through the lacerated opening." "During all this time the woman made no particular complaint of pain or suffering." The child was a female of medium size and alive, and is doing well, except having inflammation of the eyes.

The lower and back part of the rupture was a straight slit extending from the margin of the anus forward, parallel with and about one eighth of an inch on the left side of the median line, about one inch back of the fourchette, the rent extended across the median commissure, and the rupture extended obliquely forward on each side, leaving a pendulous V shaped fragment of skin and cellular tissue hanging down immediately below the fourchette, leaving a band half an inch thick connecting the lower commissure of the labiæ, thus leaving the entire opening of the vulva uninjured. At the posterior extremity of the rent a pile as large as a chinquepin turned up between the edges of the wound. There was no inflammation in the parts, and the edges of the laceration looked healthy and were beginning to assume the character of the vaginal mucus surface. The patient was placed on her back and drawn with the nates resting on the edge of the bed, in the usual position recommended for the application of forceps, and put under the influence of chloroform. The pile which would interfere with the operation, was cut off with scissors, the band of union at the fourchette was cut through on both sides of the pendulous projection, and it removed also, thus threwing the parts into one continuous opening extending from the pubis to the anus. This part of the operation looked to the eye like "making things worse," but as the needles I had with me were not of the most desirable kind to meet this formidable state of affairs, it would insure greater facility for taking the first row of stitches and passing the sutures and applying or adjusting the clamps on the *inside*. With a common scalpel I cut away the edges on both sides, commencing the incisions about an eighth of an inch on the healthy skin, and extended in about the same distance on the mucus membrane, thus making a broad freshly cut surface for proper adjustment through the entire length of both sides of the laceration. Four silver-wire sutures were run through a corresponding number of holes, in one of the leaden clamps and the successive stitches were passed from *within outward* on the right side by means of a long curved surgeon's needle, held in a crescentric bladed needle forceps, after the sutures were drawn out, the clamp was pulled up and adjusted on the inside by traction made on the wire.

The needle was again threaded, first with one and then another of these wires and successively passed through on the left side from *without* inward, commencing first with the one nearest the anus and bringing these free ends out through the vulva, and leaving them to be held over the pubis, until the last and most anterior one was drawn through. Their ends were then successively passed through the holes in the other clamp and perforated *slug* shot. The clamp was slid down end foremost and adjusted on the left side. Commencing with the most posterior suture, it was drawn up, until that part of the sides of the rent were coaptated and the shot pinched to pre-

vent sliding or giving way; then the second stitch was treated in like manner, and the ends of these two twisted together, to make security from slipping certain, the same was done with the other two sutures. This mode of closure afforded ample room for ocular inspection of the marginal border of the wound, at the adjustment of each successive suture, a fact of no trifling importance in such cases.

A fifth and independent interrupted suture was taken on the outside, (with a very crooked or much curved needle,) at the posterior extremity of the rupture and close to the margin of the anus. Much good was expected to be accomplished by this stitch, particularly in the event of an early discharge from the bowels, and it did do good service, for in twelve hours after the operation the patient was most unwisely given a dose of cathartic medicine. The patient was ordered to be kept perfectly quiet on the side; catheter to be passed twice a day, and the vagina to be washed out with warm water and a syringe, if the lochia should return.

November 7th. Five days after the operation, I called to see the patient. The catheter had only been passed and the water drawn off every twenty-four hours. Profuse lochial discharge had come on twelve hours after the operation and had continued, and the patient had been kept constantly lying on her back. Of course there was a large collection of very offensive discharge collected, which was washed away, the parts cleansed, and the patient ordered to be turned on the side. The lower and posterior suture was taken away. The patient's condition was good, notwithstanding the directions had not been carried out.

November 13th. The stitches were cut, the clamps taken away, the wound perfectly healed.

November 30th. Patient perfectly well.

Report of some Cases of Amputations and Resections, from Gunshot wounds, performed at the Mount Pleasant U. S. General Hospital, by C. A. McCall, M. D., U. S. A.

By Elliott Coues,

Medical Cadet, U. S. A.

In the present paper are presented the details of some amputations and resections, performed for gunshot wounds by Assistant Surgeon Charles A. McCall, U. S. A., at the Mount Pleasant Hospital, Washington. The injuries necessitating the operation were mostly received at the Bull Run and Antietam battles. The reports are made as brief and concise as possible; but it is hoped that few details of importance are omitted. Though the number of cases recorded is not large, their variety is considerable; and they may perhaps be a not unacceptable contribution to the history of the surgery of the war.

E. C.

A. AMPUTATIONS.

I. Of Lower Extremities.

a. Of Thigh.

Case I. G. McLaughlin, Co. A, 14 Brooklyn. Wounded August 27, operation September 2.

Injury:—Compound comminuted fracture of middle third of femur; of five days standing at date of operation. Bone greatly shattered; and extensive sloughing of the tissues in the course of the wound already apparent. Patient, a strong healthy man, but already greatly reduced by the wound. Operation by anterior and posterior flaps; about ¾ lb. of ether was required to produce anæsthesia. No chloroform was employed. The flaps had been made and the bone sawn through, when during the ligation of the arteries, the patient's pulse rapidly sank, until it could no longer be felt at the wrist; and respiration ceased a few moments afterward, though the most active means were employed for resuscitation.

Heart examined:—It was rather large and flabby, showing some fatty degeneration, but there was no disease of the valves. Both ventricles contained blood.

Case II. D. Spaulding, Co. C, 35 N. Y. Vols.; wounded, August 27; operation September 11.

Injury:—Gunshot wound of the popliteal space, the ball severing the artery, but not fracturing the bone. Secondary hæmorrhage supervened several times, to such an extent as greatly to weaken the patient, and ligation of the popliteal artery was determined upon.

Upon making the incision, the soft tissues of the parts were found in a state of complete disintegration; the sloughing and disorganization extending a considerable distance up the thigh. The condition of the parts rendering it useless to attempt to save the limb by ligation of the artery, amputation was resorted to, and the thigh removed at the juncture of the middle and lower thirds. The operation, however, was unsuccessful, the patient dying immediately upon its completion.

CASE III. Richard Williams, Co. I, 28 Pa. Vols.; wounded, September 16; operation, September 30.

Injury:—Vuln. Sclop. of the thigh, producing the following curious injury. The ball—an ounce minie—struck the femur directly from before, a few lines above the cavity of the joint, and penetrated into the interior of the bone, where it lodged, leaving a perfectly circular foramen of entrance. Without comminuting the bone in the least, the ball split the shaft, for two-thirds its length, into three nearly equal longitudinal slips, which remained adherent at the condyles below, and at the termination of the three fissures above. So completely was the ball buried in the bone, that on cleaning the bone, to preserve it as a specimen, the ball dropped out of the sawn end, instead of escaping by the foramen of entrance.

Operation by anterior and posterior flaps. At the time of operating, the limb was greatly swollen; not very painful; discharging profusely, the pus burrowing nearly up to the hip. Patient cheerful, but with considerable irritative fever: pulse 100; never completely rallied from the shock of the operation, and died Oct. 2d, two days after operation.

CASE IV. Thos. Wilkie, Co. D, 14 Conn. Vols.; wounded Sept. 17; operation Oct. 2.

Injury:—Compound comminuted fracture of the patella from gunshot wound. The bone was completely shattered. The joint was filled with pus, which had also burrowed up the thigh beneath the rectus muscle.

Operation:—Thigh amputated at lower third of femur, by anterior and posterior flaps. Patient did as well as could be desired for nineteen days; appetite good, bowels regular; slight emaciation or pallor of countenance, and the stump was so nearly healed; that the success of the operation was considered certain. On the morning of Oct. 21, patient had a severe chill followed by profuse perspiration; began to sink rapidly; soon lost all power of moving either upper extremity, and continued in this partially paralyzed condition until the following day when he died, twenty days after the operation.

Autopsy:—Union of the solution of continuity was very perfect, and the stump presented the appearance of being nearly healed. Soft tissues of the parts, quite healthy. The bone was denuded of its periosteum nearly to the trochanters, and was either hanging in shreds or could be easily detached. The bone, thus laid bare, was bathed in pus for nearly its whole length, and diseased throughout, the medulla being of a blackish color.

The heart was somewhat hypertrophied and fatty. Albuminous clots filled the right ventricle and pulmonary arteries. The pulmonary veins, and the venæ cavæ engorged with black blood partially coagulated. The lungs were infiltrated throughout with thin watery pus, which exuded from their surface wherever cut, and could be squeezed out like water from a sponge. Portions of the right lung were hepatized, sinking in water, and the posterior parts of both were congested, the congestion probably rather mechanical than otherwise, from long rest in a horizontal posture.

The preceding four cases of amputation of the thigh, exhibit well the three modes in which the operation may be fatal, viz.: death during the operation, directly from the shock; death shortly after the operation, the vital energies never rallying from it; and death after a considerable interval, even when the stump may be perfectly healed, from general pyæmia.

b. Of Leg.

CASE V. —— ——, wounded Aug. 30; operation Sept. 11.

Injury: Gunshot wound of the foot, causing comminution of the cuboid, with injury of both astragalus and calcaneum.

Foot amputated just above the ankle joint, by *Teale's* operation.

The case was progressing favorably, when the patient contracted diphtheria, of which he died.

CASE VI.—J. B. Wright, Co. H, 16 Mass. Vols.; wounded Aug. 30; operation Sept. 13.

Injury: Gunshot wound of foot. The ball struck the dorsum, severed the anterior tibial artery, entered the joint, comminuted the astragalus, imbedding itself in the calcaneum, from which it was removed. Secondary hæmorrhage supervened from the anterior tibial artery.

Operation:—Foot amputated just above the tibio-tarsal articulation, Sept. 13, by the circular operation. The local treatment up to date of operation, had been cold-water dressings.

The anterior portions of the flap, commenced to slough almost immediately. On the eighth day a red spot appeared over the end of the tibia and fibula: on the tenth day both these bones were

exposed, having broken through the integument covering them. The stump went on slowly healing, but the ends of the bones became necrosed, and it was evident that they were diseased for a considerable distance. A degree of erysipelatous inflammation supervened. Treatment thus far iron and quinia constitutionally; with simple absorbent dressings to the parts.

Leg re-amputated Nov. 3, just below the knee-joint; and as near to it as possible without opening the cavity. Circular operation, vertical closure of stump. The bone was found greatly diseased, being denuded of periosteum to within half an inch of the point of amputation. It lay imbedded in pus, which formed several abscesses in the surrounding tissues. Patient much reduced: pulse small, quick, 125; prognosis very unfavorable. Treatment: wine, light nourishing diet: simple absorbent dressings to parts. Under this treatment, the patient, who was a man of strong constitution, and great "pluck", began slowly to improve, the pulse gradually becoming fuller, and less frequent, and the other symptoms more favorable. The stump began to heal well, and at present date, (Dec. 6) has almost entirely cicatrized.

Case VII. H. H. Brallier, Co. E. 11th Pa., Vols.; wounded Aug. 30; ball extracted two days afterward, first operation, Oct. 5; second, Oct. 13.

Injury: Gunshot wound of the foot, the ball striking the dorsum, penetrating but a short distance. Injury did not appear at first to be severe: but in a week, extensive inflammation and suppuration set in, the pus burrowing and forming abscesses in every direction, and necessitating amputation. After the operation, the injury was found to be principally to the ligaments and tendons of the parts; no bones were fractured, but the tarsal arch, as a whole, seemed driven downward. Up to the time of operation, the local applications were simply cold-water dressings.

The foot was amputated just above the tibio-tarsal articulation, by *Teale's* operation. Within 48 hours the long flap commenced to slough; in five days it was entirely gone, exposing the bones fully, and necessitating re-amputation.

Leg re-amputated at its upper third, Oct. 13. Circular operation; vertical closure of stump. Tonics and stimulants constitutionally; locally, at first simple absorbent dressing, then yeast poultices. The tissues of the parts very unhealthy in appearance; sloughing commenced and in 48 hours the bone was again exposed. The closure of the stump was then changed, the posterior portion of the flap, being made to cover the bone. The ligatures came away the third day, but there was no occurrence of hæmorrhage. With great care in maintaining the closure of the stump, the parts at length took on healthy action, and the stump was healed perfectly about Nov. 25.

It would appear that Teale's operation is contra-indicated in secondary amputations, particularly where the vitality of the parts, has been diminished and the calibre of the vessels lessened, by cold-water dressings applied to keep down inflammation and swelling, with a view to save the limb. The long anterior flap is exceedingly apt to slough more or less completely, and the consequent exposure of the bone necessitating re-amputation.

[To be continued.]

Philadelphia County Medical Society, *February* 12, 1862.

SUBJECT FOR DISCUSSION: NATURE AND ART IN THE CURE OF DISEASES.

Reported by *Wm. B Atkinson, M. D.*

Dr. Condie:

Is there any truth in medicine as a science—any efficiency in it as an art? It is strange that such an inquiry should be seriously propounded at the present day. More especially when we know that it has been answered affirmatively by some of the most talented, industrious and truthful members of our profession in nearly every age, and amid almost every nation. It is nevertheless true, that this very inquiry, though in a somewhat modified form, is presented to us daily as though it were one which still remained open for discussion. A few who profess to have examined it with all the care its importance demands, and, as the result of such examination, pronounce in error all who, from the days of Hippocrates down to the present time, have expressed their confidence in legitimate medicine as a science established in truth, or as an art based upon the result of repeated and careful observation.—These maintain that nature, invariably, is her own physician: that, in every case in which disease is arrested and the state of health restored, it is solely by a curative power inherent in the living tissues: a power by which these tissues are

enabled to correct whatever abnormal condition at any time may occur in them, and to restore to them their normal state and functions. The advocates of the inherent curative powers of the living organism insist, that the interference of the physician in any case of disease is beneficial only so far as it may be necessary to remove whatever accidental impediment to the free action of the vis medicatrix of the tissues, may perchance be present;—that all interference beyond this is calculated to impede rather than facilitate the curative efforts of the system.

In direct opposition to this doctrine of the sufficiency of the living organism for the cure of disease, other pathologists and therapeutists contend, that the invariable tendency of morbid action, in whatever organ or tissue it may occur, is to disorganization and death. The phenomena which have been adduced as evidence of a spontaneous effort on the part of the living organism either for the removal of morbid actions or conditions or for the expulsion of the *materies morbi*, it is maintained, are themselves the result of the action of some disturbing cause to which the organism has been subjected and the abnormal condition into which its functions have been, in consequence, thrown; consequently, that no reliance is to be placed upon the supposed curative power of the living tissues. On the contrary it is insisted that it is always the duty of the physician, without entirely overlooking the particular proclivity in each case of whatever morbid condition or action may be present, to arrest its further progress by a timely and judicious application of appropriate remedial agents, and thus restore, as speedily as possible, to the diseased parts their healthful state and functions.

To determine on the side of which of these doctrines—so diametrically in opposition to each other—the truth inclines, it will be necessary to enter upon a careful analysis of the leading facts which bear directly upon the question at issue. By such analysis it will be found, we think, that neither of them is to be exclusively accepted. As is the case with nearly all other questions in reference to which opposite conclusions have been arrived at, by different investigators, the truth will be found to be somewhere between the two extremes.

If we assume that the living organism is of itself competent to the cure of whatever disease may invade it, we ignore the therapeutical experience of nearly every medical authority with which we are acquainted—all that we have been taught in respect to the curative powers of remedial agents—everything, that, heretofore, has been relied upon by medical men as established truth in the science and practice of medicine. It is in fact to reject, as fallacious, the evidence derived from our own observations and those of all the most reliable members of the profession. By this wholesale renunciation of fact and authority alone can we succeed in setting aside the entire body of the institutes and practice of physic—those principles and precepts which have been gradually accumulated, proved, and sifted by the joint labor of the medical observers and medical philosophers of all times and all places.

If the living organism has, in fact, the power to cure the maladies by which it is attached, why is it that the evidences of the efficient working of such a power are not more manifest? No one, certainly, will attempt to prove by the evidence of positive facts, that the termination of disease, no matter what its nature, seat or type, when allowed to run its course without the interference of the physician, would be as frequently favorable as when it is promptly met by a well devised and judiciously administered course of remedial treatment. So far as medical statistics are to be relied on, they most clearly show the very reverse to be true. Every day the physician witnesses diseases reduced in violence—the pain and suffering attendant upon them alleviated to a very striking extent—and a favorable termination of their course rendered more prompt and certain by a skilful use of appropriate therapeutical measures. He has in this manner, repeatedly seen even the progress of disease beyond the primary or forming stage effectually arrested.

It is very certain that the vital energy of the human constitution always presents a certain amount of resistance to the baneful influence of any morbific agent by which it may be assailed, and, when its powers have not become to any great extent, impaired, that resistance is, in nearly every instance, successful. The success is often obtained, however, only after a very marked perturbation, of longer or shorter duration, a perturbation, too, which may be so violent in character or so prolonged in duration, as to become of itself a source of mischief;—especially should there be already present a tendancy to morbid action in one or other of the organs.

[To be continued.]

EDITORIAL DEPARTMENT.

PERISCOPE.

WEEKLY SUMMARY OF MEDICAL JOURNALISM.

OAKUM AS A SUBSTITUTE FOR LINT, IN GUN-SHOT AND OTHER SUPPURATING WOUNDS.

As a valuable contribution to the lint question, from a very intelligent source, we copy the following article by Dr. S. W. S. Ruschenberger, U. S. N., from the *Boston Medical and Surgical Journal*.

Under the above title, Lewis A. Sayre, M. D., Surgeon to the Bellevue Hospital, has published an article in the *American Medical Times*, for August, 1862, in which he states that he has "for many years past been in the habit of using picked oakum, in all cases of suppurating wounds, particularly in connection with open joints, where the suppuration is excessive."

The reason for this practice he briefly states. They are substantially, that one of the objects of lint applied to a suppurating wound, is to absorb the discharge; that lint being composed partly or entirely of cotton, serves rather to retain than absorb the secretions, and therefore we are to infer that it is not well adapted to the purpose for which it is employed in such cases.

To show that lint has little or no absorbing power, he alleges that a bale of cotton immersed in the river for a month or longer will be found perfectly dry in the centre, thus proving that it will not absorb moisture. "So," he says, "when [cotton? is] placed over a suppurating wound and left some hours, it will be found perfectly dry except at the point of contact; acting, in fact, like a bung in a barrel, or a cork in a bottle to *prevent* the escape of the pus—which necessarily burrows in different directions, thus forming extensive abscesses, and adding greatly to the danger of the patient; and when removed, the pus will gush out in great quantities. Now, if you place picked oakum over the same wounds, you will find, after the same number of hours, that the oakum is perfectly saturated with pus, and the wound itself perfectly dry and clean—the oakum acting like a syphon, and discharging the contents of the abscess by capillary attraction."

It is not perceived that there is any very striking analogy between lint, whether composed entirely or partly of cotton, and a bale of cotton, or free unmanufactured cotton. If the argument proves any thing in the premises, it is, that the capillarity of cotton in bale is much less than that of loose oakum, but it does not prove that the capillarity of lint is inferior to that of oakum. It may not be out of place to remind the reader that capillarity depends more upon the form or arrangement of matter than upon the matter itself; although the capillarity of cotton is comparatively small, we know it is very considerable in lamp and candlewick, and other articles or tissues made of cotton.

"In gun-shot wounds which go through and through a limb, particularly if made with a 'Minie ball,' the whirl or screw of the ball entangles in its thread the muscular fibres and cellular tissue, and separates them from their attachments for a long distance from the real track of the ball itself." Dr. Sayre, "in all such cases where no blood-vessels prevent it," passes an eyed probe through the wound and draws "through it a few fibres of the oakum or tarred rope, which keeps it perfectly free, and the tar is a very excellent antiseptic and removes all unpleasant odor."

How far Dr. Sayre's practice of treating perforated gun-shot wounds with "tarred rope" setons may be followed, we may not conjecture, but, admitting the antiseptic properties of tar, we perceive no cogent reason for its adoption. As a general rule, the presence of foreign substances, in wounds of any kind, does not accelerate their healing.

It may be fairly inferred that, in the opinion of Dr. Sayre, lint possesses the same degree of capillary force as cotton, either free or strongly compressed in a bale, and that oakum has much greater capillary power than either cotton or lint, and for this reason he suggests that oakum should be substituted in the place of lint, not in all cases or under all circumstance, but only in gun-shot and other suppurating wounds.

Some may ask, what is oakum?

Hemp is spun first into yarns which are imbued with about fifteen per cent. of tar, at a high temperature, and then these yarns are laid or twisted into rope. The tar is applied for the purpose of diminishing as far as possible the capillary force of the rope, and, by thus excluding the moisture to which it is constantly exposed, of retarding its decay. But in spite of the presence of the tar, rope is found to lose its tenacity or strength in the course of from one to ten years, according to the uses to which it may be applied, and being no longer serviceable as rope, it is cut up, and shredded and converted into oakum, which is used for caulking or filling all seams or joints in ships, for the purpose of excluding moisture.

Tow is the refuse or scrapings of hemp or flax.

In order to obtain an idea of the comparative absorbent power or capillary force of oakum, cotton, lint, and tow, small parcels of these articles, of ascertained weight and dimensions, were gently placed on the surface of water in a basin, and carefully weighed again after removal. The weight of water absorbed by each, thus ascertained, is stated in the following manner:

	Weight.	Dimension.	Time in contact with water.	Weight of water absorbed.
Cotton (wool)	40 grs.	3 in. diam.	1 hr. 10 m.	8 grs. = 1-5
Oakum	40 "	2½ "	do do 10 "	= ½
Tow (from hemp)	40 "	2½ "	do do 250 "	= 6½ times.
Coarse Lint (shoddy)	40 "	2½ "	1 minute 280 "	= 7 "
Scraped Lint	40 "	2½ "	instantly 298 "	= 7.45 "
Patent Lint	40 "	1½ by 3 in.	4 minutes 299 "	= 7.47 "

Forty grains of cotton submerged and slightly squeezed under water for a few seconds, was found to retain, without dripping, 270 grains:

and an equal weight of oakum treated in the same manner, only 94 grains of water. The oakum retained little more than twice its weight, and the cotton nearly seven times its weight of water.

The inference from these experiments is, that the capillary force of patent lint is nearly thirty times, and that of tow twenty-five times greater than oakum; and the capillary force of oakum is only one-fifth greater than that of cotton. Oakum absorbed one-fourth, and cotton one-fifth of its weight; but tow 6.25 times, coarse lint 7 times, scraped lint 7.45 times, and patent lint 7.47 times its weight of water.

If the property of capillarity alone is to determine the choice of tissue or substance for covering suppurating wounds, any description of lint or tow is to be preferred to oakum.

Tow has been long employed as an outside dressing or recipient of profuse discharges; and also as a swab in cleansing offensive suppurating wounds, where sponge was not sufficiently abundant to be expended in this way. The objection to tow is, that there are apt to be sharp or hard spiculæ adhering amongst its fibres, which give pain when brought against a sensitive surface; but this objection may be obviated by carefully selecting and carding the substance. A better substitute for sponge for cleansing purposes, in surgery, is cotton wool, which, saturated with soap-suds, or simply with tepid water, and held in a dressing forceps, forms an admirably soft application, that may be used where the finest sponge would be found by the patient rough and harsh. Indeed, considerations of cleanliness and of avoiding the diffusion of morbific matters from patient to patient, suggest that sponge used once as a detergent implement should not be used in the case of any other individual, and not too often on the same person. Cotton or tow forms a detergent implement so cheap that it may be renewed at every dressing, and ought to be substituted for sponge without any reference to cost, for cleansing purposes.

It is said that cotton or lint, placed over a suppurating wound, serves to *prevent* the escape of pus, and that oakum should be substituted. But, it seems that oakum as well as lint may block the way and hinder the flow of the escaping liquids, if not removed when saturated. Then why should a copiously-discharging wound be enveloped in any capillary material; why not permit the discharge to flow without impediment of any kind? Any contrivance which would keep the wounded part at a normal temperature, whether in the form of oiled silk, or other tissue not readily permeated by moisture, or in shape of a simple veil or shield from flies in hot weather, might prove more salutary than the effects of a bunch or pledget of wiry oakum secured over it by bandage or otherwise.

Supposing that oakum possesses all the qualities claimed for it in the instances specified, it can not be regarded as a substitute for patent lint, because there is often necessity for just such a pliant tissue to serve as a vehicle in the application of ointments to morbid surfaces—such as blisters, for example.

Substitutes are almost always defective expedients. Whether they are adopted from parsimony, poverty or other reason, they rarely satisfy the requirements they are employed to meet. The workman who uses implements in all respects adapted to his vocation, produces more perfect results than he who labors with a paucity of tools, and hence, driven to expedients, is compelled to require from his awl the work of a gimlet.

Oakum is, doubtless, applicable as a substitute to some ends. It may answer as an external dressing, a mere recipient of liquid discharges; but for such purpose, as it costs much more and has less capillarity, it is a poor substitute for tow. Its application to the uses to which patent lint is especially adapted could be suggested only where no soft tissue is procurable. Canton-flannel would answer the place of patent lint better than oakum; but comparing their adaptability to the object in view, the propriety of substituting Canton-flannel, at thirty-five cents the square yard, for patent lint, while this is procurable at forty cents, does not commend itself to notice.

ABORTION IN CASES OF EXTREME DEFORMITY OF THE PELVIS.

A correspondence published in the *Gazette des Hôpitaux*, relative to the propriety of inducing early abortion in cases of extreme deformity of the pelvis, is at present engaging the attention of the French obstetricians. The discussion originated in a letter from Professor Finizio, of Naples, in which he stated that, having in his clinique at that moment four pregnant women afflicted with deformities of the pelvis, whereby the antero-posterior (sub-pubic) diameters were reduced to from five to seven centimetres, and the pregnancy in one case being of six months, and in the others from three to four, he was desirous of obtaining from his French *confrères* some advice as to how he should act. "Here at Naples," he added, "there are still surgeons who would prefer waiting for the ordinary period of delivery in order to perform the Cæsarean operation." It is not the first time that this question has been seriously discussed in France. In 1852 the Academy of Medicine, after a lengthened consideration, pronounced a verdict which, without being absolute, favored the early induction of abortion, leaving at the same time considerable latitude to those following the precepts of the other school.

M. Pajot, in answer to Dr. Finizio, wrote shortly thus:—"Below six centimetres induced abortion seems to be the only course, and few accoucheurs in France hold a different opinion. At full period, with a diameter of less than six centimetres, I perform cephalotripsy according to my method—that is to say, I commence my operation as soon as the dilatation is sufficient, and repeat the

crushing process as often as may be necessary, *without ever pulling*. The expulsion generally takes place spontaneously after the third or fourth repetition of the operation. With regard to the Cæsarean operation, which is the infancy of our art, it should be reserved for those cases in which the cephalotribe will not pass, and such are very rare. To allow a pregnancy of four months to run to its full period, when there exists but five centimetres of antero-posterior diameter, appears to me not only bad surgery, but a bad action.

Next succeeded a protest from Dr. Stoltz, of Strasbourg, in which, in virtue of his seniority as a teacher of obstetrics in France, he deems it his duty to protest against such doctrines, and against so careless a contemplation of fœticide. "This is not the first time," says Dr. Stoltz, "that I have felt myself called upon to oppose this doctrine, English in its origin, the promulgation of which, upon the Continent, has of late years been attempted. This homicidal practice it is which bears the imprint of the infancy of art; and whilst a reaction is taking place in England, in France we are attempting to uphold superannuated opinions." These observations were unlikely to be passed over in silence by M. Pajot, who accordingly expressed himself as radically differing from the eminent accoucheur of Strasbourg. Within the prescribed limits of five centimetres diameter, so long as the cephalotribe can pass, he deems the Cæsarean operation inadmissible. "If the Cæsarean operation," he observes, "numbers its successes by hundreds, it counts its failures by thousands. The act of choosing hysterotomy resembles the inspirations of the savage, who cuts down the tree in order to obtain the fruit."

Public opinion, in France, seems almost unanimously in favor of the views expressed by M. Pajot. During the last twenty years this teacher has been in the habit of putting the question to each of his pupils as to which alternative he would select, in a case of extreme deformation of the pelvis. "Out of nine thousand students of medicine, one only," says M. Pajot, "preferred that of the Cæsarean operation."

Where to stick your Lightning Rods.—Prof. Henry, of the Smithsonian Institution, in an article on the subject, strongly recommends that lightning rods, in all cases, instead of being terminated a few feet in the earth, should be connected with the gas or water pipes of the city on the outside of the building.

Premium for Swimming.—Sir William Fraser has declared his intention of giving annually a handsome gold medal, of the value of £5, to the best swimmer in England. The prize is to be contended for annually, during the summer, in the Serpentine, Hyde Pard, and the committee of the Royal Humane Society have consented to become the adjudicators.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 22, 1862.

DRUNKENNESS IN THE MEDICAL PROFESSION.

It is painful to read such an announcement as the following, in the newspapers:

By order of the President, Surgeon ———, U. S. Volunteers, has been dismissed from the service for drunkenness. This precious disciple of Esculapius, the day after the battle of Antietam, instead of attending to the wounded placed under his charge, was found lying on the steps of one of the hospitals there, in a beastly state of intoxication.

Drunkenness is one of the crying evils of the times. We believe it has been on the increase of late. The extraordinary efforts put forth a few years ago by the friends of morality and temperance to abate the evil, seem to have aroused all the energies of the powers of darkness into action to prevent any interference with the high carnival held over the human race wherever liquid death and eternal ruin are dispensed in the shape of intoxicating beverages. Evil spirits, tangible and intangible, have formed an alliance with liquor-dealers and politicians, in order that this work of destruction, death, and everlasting ruin may be perpetuated.

We are interested—mankind is interested to know how the medical profession stands in this matter. Are they friends or foes of the human race—advocates of sobriety, or high-priests in the temple of Bacchus to offer up the bodies and souls of men and women holocausts at his shrine? Alas! the record at the head of this article shows that we are not entirely guiltless. True, the general history of our profession, as well as the letter of our written law is plainly on the side of religion and humanity. The spirit of the Hippocratic oath is so incorporated into all the regulations that guard the portals of entrance into the medical profession that it would seem as if it ought to be next to impossible for any but those possessing the sternest moral qualifications to find

an entrance there. Regulations exist at almost every turn, such as should, if they are properly enforced, exclude all whose moral fitness for the honorable title of physician, is not above suspicion.

In the first place, our ethical laws require the preceptor to exclude from his office young men of loose morals or habits. So, also, the written regulations of every medical school in the land, and of the examining boards of our army and navy require the candidates who appear before them to present evidences of good moral character. Yet it is notorious that drunkards and libertines, frequenters of the fashionable saloons, hotel bar-rooms—nay, of the lower depths, where a portion of the hours of the night are spent in drinking, brawling, and gambling, and the remainder in houses of another species of ill repute, not only present themselves for, and receive the honors of our medical colleges, but attain to the more difficult position of an appointment in the government service. This is all wrong. The written laws for our government and mutual intercourse, are a standing protest against the professional and national disgrace to which such looseness in granting the honors of the profession subjects us.

If men whose moral standing is not such as is creditable to our profession have, by any means, found their way into our ranks, they should be rigidly excluded from our medical associations, and not receive the countenance or friendship of medical men anywhere, except in so far as making friendly efforts to arrest them in their improper course is concerned. If such have obtained position under the government, they should be deprived of it promptly. The lives and health of those who are fighting the battles of their country, are too precious to be placed at the mercy of either drunken or incompetent surgeons.

We desire the reader of the above remarks to understand that we are the uncompromising foes of the social drinking habits of the age, and *particularly* are we opposed to their being countenanced by the medical profession. We know no *via media* in this matter. Physicians should be patterns of learning and sobriety—forward in every good word and work.

MUNICIPAL HOSPITAL IN THIS CITY.

We are happy to announce that the ordinance providing for the erection of a municipal hospital in this city has finally passed both branches of councils. It provides that the Mayor shall, on or before the first day of January, appoint one person, and that the Guardians of the Poor shall appoint two, the Board of Health three, and the Inspectors of the County Prison two of their own members, at a stated meeting in December, who with the respective Presidents of each Board, shall constitute a commission for the erection of a Municipal Hospital. The aggregate sum of forty thousand dollars is appropriated for the cost of the lot and the erection of the building.

The object of the hospital is to accommodate persons who are afflicted with contagious or infectious diseases. Hitherto, the means for the accommodation of this class of patients have been very defective, and the want of such a hospital has been seriously felt, and has led to misunderstandings between the boards of managers of some of our municipal institutions.

The old City Hospital, formerly located in the north-western part of the city, was broken up some years since, and the ground it occupied, a whole square—if we remember rightly—was disposed of. What has become of the proceeds? Ought they not to have been applied toward the erection of the new building? The small pittance of forty thousand dollars—"ten thousand for the ground, and thirty thousand for the building"—is entirely inadequate to the purpose of erecting a hospital that will be creditable to a city of six hundred thousand inhabitants, or adapted to its wants.

By proper management, however, this small appropriation may be used to inaugurate the enterprise, and a hospital such as is required by

the city, may ultimately be secured. Ten thousand dollars might be expended for ground in a position where, at some future time, adjoining lots may be purchased, thus enlarging the grounds of the hospital. The thirty thousand dollars appropriated for building purposes might be expended on a central building to which, at some future time, wings might be added. In this way Philadelphia may ultimately become possessed of a municipal hospital such as is demanded by her size and importance.

EDITORIAL NOTES AND COMMENTS.

Hospitals for the Maimed.—Government has established three principal hospitals for the special treatment of maimed soldiers. One of these is located in Washington, one in this city—the Haddington Hospital in charge of Dr. R. J. Levis—and one in New York—the Central Park Hospital, in charge of Dr. Frank. H. Hamilton.

Fortunately for the maimed soldiers and sailors in the Government service, they will, through its bounty, have adapted to their maimed limbs, the best artificial substitute, that has yet been invented, viz., that of Mr. B. Frank. Palmer, of this city, for we believe that limbs involving entirely the principles of his invention are to be supplied to all these hospitals. The adaptation of artificial limbs at the one in this city, will be under Mr. Palmer's special supervision, in connection with the surgeon in charge.

Variola.—We learn through correspondents in every part of the country, that there is a strong tendency to the general prevalence of small-pox. It is therefore the duty of the profession to give prompt attention to vaccination, and thus protect the community from a loathsome and very fatal disease.

We have had more applications for vaccine matter at our office, of late, than we have been able to respond to promptly, and we trust that those who have been supplied by us will return some as soon as possible that we may be able to accommodate others. This is a matter of pure accommodation to subscribers on our part, and we shall always respond as promptly as possible to all who apply for vaccine matter, and inclose a stamp, to pay return postage.

The Medical Classes in this City.—Though the war, and its concomitants has had the effect of diminishing the medical classes in this city somewhat, both the University and the Jefferson College have a goodly number of students, an increase, apparently, on the numbers of last winter. The lectures are well attended, both in the colleges, and at the hospitals, and the classes seem to be made up of unusually intelligent material. In this respect, we think we can observe a steady improvement, from year to year.

The British Association for the Advancement of Science.—This important scientific body held its annual session this year at Cambridge, on the 1st of October. The attendance was good. Upwards of two hundred and ninety communications were presented and read before the different sections, many of them being on subjects of great medical interest and importance.

We trust that ere long the paralysis that afflicts our own national scientific associations will be removed. Some of the ablest investigators in science in the world, are to be found in this country, and the world should have the benefit of their researches.

ARMY AND NAVY NEWS.

The Surgeon-General's New Bill of Fare for the Hospitals—The following diet table has been prepared by Surgeon-General Hammond, and the following order has been issued:—

"Medical officers who receive this Diet Table are directed to adopt it immediately in the hospitals under their charge, and to comply strictly and carefully with its provisions for thirty days, keeping during that period an accurate account of expenditure from the hospital fund. At the end of that time they will report the results of this experimental trial, its effects upon the sick and upon the hospital fund, and will make such suggestions as they may deem appropriate, the object being to test the practical operation of the Diet Table, before adopting it as the standard for the General Hospitals. It is recommended that the diets be prepared according to receipts in the Steward's Manual.

ONE DAY DIET, AVORDUPOIS WEIGHT.—FULL DIET.

Meat, oz	16	Tea, oz	0·12
Bread, oz	18	Sugar, oz	2·40
Potatoes, oz	8	Milk, oz	8
Other Vegetables, oz	8	Butter, oz	1
Rice, Hominy, or Indian Meal, oz	1·60	Flour, oz	0·25
Salt, gill	0·16	Molasses, gill	0·32
Coffee, oz	0·80	Vinegar, gill	0·32

TUESDAY—IN LIEU OF FRESH MEAT.

Pork, oz. 8	Beans, gill 0·64

HALF DIET.

Meat, oz. 8	Tea, oz. 0·12
Bread, oz. 16	Sugar, oz. 2·40
Potatoes, oz. 6	Milk, oz. 8
Other Vegetables, oz. 6	Butter, oz. 1
Rice, Hominy, or Indian Meal, oz. 1·60	Flour, oz. 0·25
Salt, gill 0·16	Molasses, gill 0·32
Coffee, oz. 0·80	Vinegar, gill 0·32

CHICKEN DIET.

Fowl, oz. 12	Sugar, oz. 2·40
Bread, oz. 18	Milk, oz. 8
Salt, gill 0·16	Butter, oz. 1
Tea, oz. 0·24	

MILK DIET.

Bread, oz. 14	Milk, pt. 3
Rice, oz. 2	Sugar, oz. 1

BEEF-TEA DIET.

Beef (without bone), oz. 8	Tea, oz. 0·24
Bread, oz. 12	Sugar, oz. 2
Salt, gill 0·32	Milk, oz. 4

ARTICLES FURNISHED ON EXTRA ORDERS FOR SPECIAL CASES.

Fish.	Veal Cutlet.
Oysters, raw.	Ham, boiled.
Oysters, stewed.	Poultry.
Clam Soup.	Game.
Vegetables (special)	Eggs.
Milk.	Gruel, Corn Meal.
Sugar, white.	Gruel, Oat Meal.
Sugar, brown.	Farina.
Barley.	Corn Starch.
Cracked Wheat.	Tapioca.
Beef Steak.	Crackers.
Beef Essence.	Toast.
Beef Extract.	Chocolate.
Mutton Chop.	Cocoa.
Mutton Broth.	Blanc Mange.
Wine Jelly.	Wine Whey.
Custard.	Brandy.
Oranges.	Whiskey.
Lemons.	Wine, Sherry.
Fruits.	"
Ice.	Porter.
Barley-water.	Ale.
Rice-water.	Cider.
Jelly-water.	Milk Punch.
Lemonade.	

LOW DIET.

Meat, oz. 8	Butter, oz. 1
Bread, oz. 14	Rice, Farina, Corn Starch, or Bread made into Pudding, oz. 2
Salt, gill 0·16	
Tea, oz. 0·240	
Sugar, oz. 2·4	
Milk, oz. 8	

DAILY MEALS—FULL DIET—SUNDAY.—BREAKFAST.

Coffee, pt. 1	Hominy, boiled, oz. 2
Bread, oz. 6	Molasses, gill 0·32
Butter, oz. ½	

DINNER.

Roast Beef, oz. 16	Bread, oz. 6
Potatoes, oz. 8	Rice Pudding.
Other Vegetables, oz. 8	

SUPPER.

Tea, pt. 1	Cheese, oz. 3
Bread or crackers, oz. 6	

MONDAY.—BREAKFAST.

Coffee, pt. 1	Butter, oz. ½
Bread, oz. 6	Cold Meat, oz. 4

DINNER.

Beef Soup, pt. 1½	Potatoes, oz. 8
Beef Soup Meat, oz. 12	Other Vegetables, oz. 8
Bread, oz. 6	

TEA.

Tea, pt. 1	Butter, oz. ½
Bread, oz. 6	

TUESDAY.—BREAKFAST.

Coffee, pt. 1	Meat Hash with Vegetables, oz. 8
Bread, oz. 6	
Butter, oz. ½	

DINNER.

Pork } Baked, oz. 8	Other Vegetables, oz. 8
Beans } or in Soup, gill 0·64	Bread, oz. 6
Potatoes, oz. 8	Indian Pudding.

TEA.

Tea, pt. 1	Butter, oz. ½
Bread, oz. 6	Fruit, stewed, oz. 4

WEDNESDAY.—BREAKFAST.

Coffee, pt. 1	Indian Meal, boiled, oz. 2
Bread, oz. 6	Molasses, gill 0·32
Butter, oz. ½	

DINNER.

Beef recently corned, or Ham, boiled, oz. 16	Other Vegetables, oz. 8
Potatoes, oz. 8	Bread, oz. 6
	Pickles, oz. 1

TEA.

Tea, pt. 1	Butter, oz. ½
Bread, oz 6	

The above will serve as a sample of the full diet table, and the following of the

HALF DIET.—SUNDAY.—BREAKFAST.

Coffee, pt. 1	Indian Meal, boiled, oz. 2
Bread, oz. 6	Molasses, gill 0·32
Butter, oz. ½	

DINNER.

Beef Broth, pt. 1	Potatoes, oz. 6
Beef Broth Meat, oz. 8	Other Vegetables, oz. 6
Bread, oz. 4	Rice Pudding.

TEA.

Tea, pt. 1	Butter, oz. ½
Bread, oz. 6	

MONDAY.—BREAKFAST.

Coffee, pt. 1	Butter. ½
Bread, oz. 6	

DINNER.

Beef Soup, pt. 1	Potatoes, oz. 6
Beef Soup Meat, oz. 8	Other Vegetables, oz. 6
Bread, oz. 4	

TEA.

Tea, pt. 1	Butter, oz. ½
Bread, oz. 6	

TUESDAY.—BREAKFAST.

Coffee, pt. 1	Hominy, boiled, oz. 2
Bread, oz. 6	Molasses, gill 0·32
Butter, oz. ½	

DINNER.

Mutton or Beef Broth, pt. 1	Potatoes, oz. 6
Mutton or Meat, oz. 8	Other Vegetables, oz. 6
Bread, oz. 4	Indian Pudding.

TEA.

Tea, pt. 1	Butter, oz. ½
Bread, oz. 6	

There are also "Beef-tea diet," "Chicken diet," "Low diet," and "Milk diet," tables, which we cannot copy for want of space.

The Chestnut Hill Hospital.—It is expected that this fine Hospital will be ready for occupancy by the middle of December. The following is the full complement of medical officers:

Surgeon in charge, Dr. Joseph Hopkinson; Consulting Surgeon, Dr. J. H. B. McClellan; Assistant Surgeons, Drs. Norris, Primrose, Maclean, Wallis, Wherry, Lauber, Bolling, Evans, Bickley, Hanly, Murphy, Welsch, Koerper, Moland, Stees, Somerville, Light, Trego, Taylor Baker, Garrete, Pancoast, and Bombaugh.

Episcopal Hospital. Front and Lehigh Sts. Capacity, 400 beds. Present number of soldiers, 328. Medical Staff: R. P. Thomas, Surgeon in charge; Visiting Surgeons, Drs. Alexander Wilcocks, A. M. Slocum, G. H. Robinett, J. C. Morris, and Samuel Ashhurst; Resident (Assistant) Surgeons, Drs. R. A. Cleemann, Murray Cheston, B. L. Bird and Daniel Fuget.

Sick and wounded in Washington and vicinity.—There are at this date, 13,263 sick and wounded soldiers in the various hospitals in Washington, Georgetown and Alexandria. In the hospitals at Frederick there are 2,985, and at Hagerstown and Harper's Ferry about 3,000.

Orders.—Surgeon N. R. Mosely, is ordered to report to Gen. Abercrombie, for duty. * * * Assistant Surgeon L. M. Eastman, is ordered to report for duty at the headquarters of the Army of the Potomac. * * * Assistant Surgeon A. A. Woodhull, is ordered to report for duty, to the Medical Director, at Baltimore. * * * Surgeon Lamb, Medical Purveyor in Washington, is relieved, and Medical Storekeeper Henry Johnson detailed as acting Purveyor. * * * Surgeon E. Phelps, United States Volunteers, has been detailed for duty at Brattleboro, Vt., to examine drafted militia. * * * Surgeon J. V. Z. Blaney, United States Volunteers, has been ordered to report to Gen. Viele, at Norfolk, Va. * * * Dr. Warren Webster, of the regular army, who has had charge of the Douglas Hospital in Washington, for a year past, has been relieved from that duty, and ordered to report to Gen. Burnside. * * * Dr. Douglas R. Bannan, U. S. N., and a citizen of Pottsville, Pa., has been detached from Fortress Monroe, and ordered to report immediately to Admiral Porter, on the Mississippi.

Resignations. — The following resignations have been accepted by the President. Volunteer Surgeons, S. J. Bigelow, W. W. Strew, J. Haynes.

The resignation of Surgeon James King, United States Volunteers, is permitted, in order to enable him to accept the appointment of Surgeon-General of the State of Pennsylvania.

Dr. James R. Dean, of Freedom, Me., has been appointed acting assistant surgeon in the navy, and ordered to ship Guard.

Dismissals. — Assistant Surgeon John D. Lewis, Eighty-fifth New-York Volunteers, is, by order of the President, dismissed from the service of the United States for being absent from camp without leave. * * * Surgeon George Burr, U. S. V., has, by order of the President been dismissed from the service.

Appointments.—The following appointments of Surgeons and Assistant Surgeons of Volunteers have just been announced:

Surgeons.—Alexander B. Mott, New York; Wm. M. Breed, Pennsylvania; P. A. Jewett, Massachusetts; A. C. Bournonville, Virginia; John J. Reese, Pennsylvania; W. S. Forbes, Virginia; Jas. C. Whitehill, Illinois; John C. Bronson, Connecticut; T. P. Gibbons, Pennsylvania; David Stanton, Ohio; F. S. Ainsworth, New-Hampshire; F. Salter, Ohio; Howard Culbertson, Ohio.

Assistant Surgeons.—E. D. Kiltoe, Illinois; Wm. Watson, Iowa; H. M. Crawford, Illinois; Wm. S. Edgar, Pennsylvania; A. T. Woodward, Vermont; C. E. Swayze, New-Hampshire; L. H. Reed, Pennsylvania; E. J. Whitney, New-York; E. Freeman, Ohio; R. R. Taylor, Virginia; L. D. Harlow, Vermont; C. W. Horner New-Jersey; M. H. Picot, Pennsylvania.

Dr. Wm. Cogswell, is Surgeon and Dr. Daniel E. French, is Assistant Surgeon of the 50th Regiment Massachusetts Volunteers. * * * Assistant Surgeon C. C. Gray, U. S. Volunteers, has been assigned in charge of the Military Hospital at Wilmington, Del. * * * Dr. J. Early, of Iowa City, has been appointed Surgeon of the Iowa 17th.

NEWS AND MISCELLANY.

Pension Examining Surgeons.—The Commissioner of Pensions has made the following additional appointments of examining surgeons:

Connecticut.—Drs. R. McC. Lord, New London; P. W. Ellsworth, Hartford; Robert F. Brown, Danberry; Henry Pierrepont, New Haven.

Iowa.—Dr. Wellington Bird, Mt. Pleasant.

Massachussets.—Dr. Charles L. Flake, jr., Greenfield.

Minnesota.—Dr. Wm. A. Penniman.

Vermont.—Drs. Marcus O. Porter, Middlebury; Samuel Nichols, Bellows' Falls.

Wisconsin.—Dr. Joseph Robbins, Madison.

Expectation of Life among Medical Men.—Mortality is greater amongst the members of the medical profession than amongst those of any other. It is true that some few of us attain to a very old age. Hippocrates surpassed the century of Flourens, Heberden and Ruysch exceeded ninety years, Harvey lived to be eighty-one, and Galen and Cullen, eight years beyond seventy. But these and analogous instances are great exceptions to the rule. It was the opinion of Hufeland that the greatest mortality amongst us prevails during the first ten years of our practice. A medical man who fortunately outlives this period may be assumed to have acquired a certain strength of constitution, a kind of insensibility to many of those causes of sickness and disease which at first generally affect his class so potently. Fatigue, noxious effluvia, specific poison germs, nightwork, &c., if resisted for a time, cease for a decade to have much influence. But to this there is a limit, and if this be overstepped, the medical practitioner, though not slain by typhus, pneumonia, or some other like malady, is yet killed early by being simply worked to death.

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From the calculations of Caspar, of Berlin, it would appear that of the professions, clergymen are, on the whole, the longest, and medical men the shortest, livers; whilst military men in Prussia stand midway between the two extremes. According to this statistician, the average age at death of—

Clergymen is 65 years.		Military men is 59 years.	
Merchants.. 62	"	Lawyers..... 58	"
Clerks..... 61	"	Artists..... 57	"
Farmers.... 61	"	Medical men.. 56	"

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Two hundred and seventy-six medical men died during the year 1860 in England and Wales. Of these, two reached 90 years of age (the longest life), whilst one died at 22 years of age (the shortest life). The average age at death of the whole was 55 years and 7 months. Of the whole number, 36 died from affections of the heart, and 30 from pulmonary consumption. In three instances death resulted from the taking of poison, the mind being overthrown. In 21 the cause of death was stated to be "old age." These deaths were distributed through 41 counties. The greatest number took place in Middlesex, next in Lancashire, and next in Devonshire.

In 1861, 315 of the profession died. Of these one reached 95 years (the longest life), and four died at 23 years (the shortest life). The average age at death was 55 years and 9 months. Of the whole number 22 died from disease of the heart, and 34 from pulmonary consumption. In two instances self-destruction was committed, and in five death resulted from accidents, two of the latter being connected with railway trains. "Old age" was stated to be the cause of death in 22 instances. The deaths were distributed over forty counties. The greatest number occurred in Middlesex, next in Lancashire, and next in Devonshire and Gloucestershire, the last two being equal. It may be remarked that the average at death of these deceased members of the medical profession closely corresponds with that given by Caspar as the average age attained to generally in the profession of medicine.—*Lancet.*

Hospital Architecture in Paris.—The faulty construction of Parisian Hospitals has heretofore been adverted to in the REPORTER. The Paris correspondent of the *London Lancet* writes as follows, on the subject:

The stormy discussions of last spring, on the subject of hospital construction and organization, have already borne their first-fruits, and a Supreme Council, destined to deliberate on and decide all questions relative to public health and the medical service of the hospitals, has been established by Imperial decree. The minister of the Interior is named President, and the Prefects of the Seine and of Police, with MM. Dumas and Rayer, Vice-Presidents. The body of the medical Sanhedrim is composed of twenty-three members, of whom fifteen belong to the profession, and it is interesting to note the names of the most determined of the opposition are included in the list. The medical element consists of MM. Claude Bernard, Bouchardat, Bouillaud, Boulu. Combes, Devergie, Jobert de Lamballe, Michel Lévy, Malgaigne, Mêlier, Parchappe, Regnault, Reynaud, Tardieu and Trousseau. To the deliberations of the Council it is the intention of the Government to admit any physicians or surgeons actually on the hospital staff, who may have suggestions to make with a view to architectural or administrative improvement. The non-medical section includes the names of two celebrated architects, MM. Gilbert and Laval, and of several other members of the Institute, whose technical knowledge will be of great value in the distinction between the advisable and the practicable.

Compliments to a Surgeon.—The friends of Dr. J. M. HOMISTON, Surgeon of the Brooklyn Fourteenth Regiment, are about perfecting arrangements to present him with a testimonial of their esteem, and in acknowledgment of his faithful services on the battle-field. The testimonial consists of a Maltese Cross of gold, upon which is inserted the name of Bull Run, Manassas, South Mountain and Antietam, the chief battles at which he was present. The cross is beautifully and appropriately ornamented.

Autographs of the Sun.—The British Association for the advancement of Science, held its annual meeting at Cambridge in October. The various sections discussed respectfully were—"Mathematics and Physical Science," "Chemical Science," "Geology," "Zoology and Botany, including Physiology, Geography, and Ethnology." "Economic Science and Statistics," and "Mechanical Science." Professor Selwyn showed several "autographs of the Sun," taken with his "hellautograph," which consists of a camera and instantaneous slide, by Dalemeyer, attached to a refractor of 2¼ inches aperture, the principle being the same as that of the instrument made at the suggestion of Sir J. Herschell for the Ken Observatory. In one of the "autographs," a great spot appears on the edge (20,000 miles in diameter), and a very distinct *notch* is seen, the Sun thus appearing to give evidence that the "spots" are really cavities, although the evidence is not conclusive. The phenomena seen in these autographs appear to confirm Herschell's views, that the two parallel regions of the Sun where the spots appear, are like the tropical regions of the Earth, where tornadoes and cyclones occur. The tropical regions of the Sun seem highly agitated, and immense waves of luminous matter are thrown up, between which appear the dark cavities of the spots.

Use of Tobacco.—Sir Ranald Martin expresses, in his recent work on *Tropical Climates*, the following opinion of the use of tobacco:—

"There is another habit respecting which I shall venture to say a few words, because it is both a bad one and a comparatively new one—I mean the immoderate use of tobacco—a habit brought amongst us from the continent of Europe, on the cessation of the French revolutionary war. Young military men are apt to regard the habit as a manly one, until severe dyspepsia, giddiness, shattered nerves, sallow complexion, disturbed action of the heart, and other symptoms show themselves, and then it is frequently too late to stop. 'The sallow complexions, black, broken, and unsound teeth' of the Germans are matters of notoriety to all travellers. 'You may,' says one of them, 'smell a German in any part of the room, or scent him at a quarter of a mile's distance in the open air, if the wind be favorable.'

"Much is talked of the good effects of tobacco-smoking in damp and malarious localities, by persons who, in defiance of geographical differences, carry the habit wherever they go—from the marshes of Burmah to the arid plains of Hindustan, forgetting that, meanwhile, in the language of Cassio, 'they put an enemy in their mouths to steal away their brains;' but I think there is good reason to question the benefits of this habit of smoking even in the fatherland of fog and damp, or that tobacco ever acts as a preventive to any disease, and least of all to fever.

"The truth is, that many persons puff themselves into the good graces of snops and spoonies like themselves, and use cigars by the score now, as Lord Chesterfield drank and smoked in his time, notwithstanding his aversion to wine and tobacco—'because he thought such practices very *genteel*, and made him look like a man.' How his lordship may have looked under the united influence of wine and tobacco, his biographers have failed to relate; but we all know how our modern 'spoonies' and 'snobs' in our thoroughfares look, after a course of cigar-smoking alone."—*Med. News and Lib.*

MARRIED.

Gardiner—Gibson.—At St. Andrew's Church Harlem, on Tuesday, Nov. 18, by the Rector, Rev. George B. Draper, William H. Gardiner, M. D., of Brooklyn, N.Y., to Rebecca, only daughter of the late George Gibson, of Harlem.

Slagle—Vowell.—At Washington, Pa., the 30th ult., by the Rev. J. I. Brownson, the Rev. Bernard W. Slagle, of Defiance, Ohio, and Miss Margie B., daughter of Dr. John D. Vowell, of Washington, Pa.

Vail—Chase.—At Smithborough, New York, on the 9th inst., by Rev. Mr. Chubbuck, at the residence of the bride's father, Dr Augustus R. Vail, of Brackney, Pa., to Miss Dellie A., daughter of Hon. G. O. Chase, of the former place.

DIED.

Colgan.—In Brooklyn, on Friday, Nov. 14, after a long and painful illness, Sylvester, son of Dr. J. P. Colgan, in the 25th year of his age.

Gibson.—At sea, on Saturday, Nov. 8, Dr. William B. Gibson, U. S. N., son of the late Isaac Gibson, of this city, in the 24th year of his age.

His remains were taken to Key West for interment.

Harrison.—Suddenly, at Port Richmond, Staten Island, on Wednesday, Nov. 19, Alabamus, youngest son of John T. Harrison, M. D.

Irwin.—At Sewickley, Pa., the 13th inst., Mrs. Jane Edwin, wife of Dr. Wm. F. Irwin.

Knight.—In this city, on the 14th inst., Martha H., wife of Dr. William L. Knight

Lyman.—On Friday, Nov. 14, in discharge of his duties at Harwood Hospital, Washington, D. C., Dr. Francis, R. Lyman, Acting Assistant Surgeon, U. S. A., late of Sherburn, Chenango county, New York, in the 25th year of his age.

Vital Statistics.

Of Philadelphia, for the week ending November 15, 1862.

Deaths—Males, 175; females, 120; boys, 80; girls, 47. Total 295. Adults, 168; children, 127. Under two years of age, 82. Natives, 199; Foreign, 69. People of color, 10.

Deaths in the United States Army Hospitals, 29.

Among the causes of death, we notice—Apoplexy, 4; convulsions, 12; croup, 13; cholera infantum, 0; cholera morbus, 0; consumption, 46; diphtheria, 8; diarrhœa and dysentery, 14; dropsy of head, 5; debility, 21; scarlet fever, 6; typhus and typhoid fever, 13; inflammation of brain, 5; of bowels, 6; of lungs, 13; bronchitis, 5; congestion of brain, 2; of lungs, 3; erysipelas, 3; hooping-cough, 3; marasmus, 4; small-pox, 1.

For week ending November 16, 1861.....247.
" " November 8, 1862.....241.

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 1925.5.

Of New York, for the week ending Nov. 10, 1862.

Deaths—Males, 177; females, 132; boys, 90; girls, 61. Total, 309. Adults, 158; children, 151. Under two years of age, 87. Natives, 100; Foreign, 209; Colored 14.

Among the causes of death, we notice—Apoplexy, 1; infantile convulsions, 18; croup, 25; diphtheria, 16; scarlet fever, 3; typhus and typhoid fevers, 7; cholera infantum, 2; cholera morbus, 0; consumption, 61; small-pox, 2; dropsy of head, 8; infantile marasmus, 16; diarrhœa and dysentery, 12; inflammation of brain, 10; of bowels, 5; of lungs, 16; bronchitis, 5; congestion of brain, 9; of lungs, 5; erysipelas, 0; hooping-cough, 0; measles, 2: 158 deaths occurred from acute disease, and 25 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2[illegible]35.